

**Certificate of Need (CON) for
Health Facility and Assurance of
Enforcement of State Standards
Section 242**

**U.S. Department of Housing
and Urban Development**
Office of Hospital Facilities

OMB Approval No. 2502-0602
(Exp. 08/31/2019)

Public reporting burden for this collection of information is estimated to average 0.5 hour(s). This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Federal law provides that anyone who knowingly or willfully submits (or causes to submit) a document containing any false, fictitious, misleading, or fraudulent statement/certification or entry may be criminally prosecuted and may incur civil administrative liability. Penalties upon conviction can include a fine and imprisonment, as provided pursuant to applicable law, which includes, but is not limited to, 18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802, 24 C.F.R. Parts 25, 28 and 30, and 2 C.F.R. Parts 180 and 2424.

This Certificate covers the following type of facility: (check one):

☐ Hospital

☐ Other (Specify):

To the Secretary of Housing and Urban Development: In accordance with the provisions of the National Housing Act, as amended, and applicable portions of Titles VI, or XV, or XVI of the Public Health Service Act, this agency _____ certifies as follows:

1. This facility will provide _____ (types of services) without duplicating such services already adequately provided within the service area and without exceeding present needs for such services in the area.
2. In accordance with the approved State Health Plan and the State CON requirements or Section 1122 (SSA) requirements, there is a need for _____ of beds to be constructed and/or _____ of beds to be modernized, to be located at _____ (address) in service area _____.
3. This HUD CON for service area stated above in the State of _____ is issued in favor of _____ (name and address of sponsor) only, for the construction and/or modernization of _____ (name and address of project) only, and is in effect for _____ months from the date of issuance.
4. There are in force in the State (or other political subdivision of the State in which the proposed project will be located) reasonable minimum standards of licensure and methods of operation of this health facility.
5. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant health facility.
6. Amount of other Federal assistance, if any, \$ _____ from _____ (name of agency).
7. A copy of the State's approval under its CON Program shall be attached.

Date Issued (mm/dd/yyyy)

Signature

Termination Date:	Title
Name of Agency:	Address and Phone Number of Agency